

| POSITION                  | INITIALS          | ID NO.       | DATE           |
|---------------------------|-------------------|--------------|----------------|
| FEE DETERMINATION         | <i>SW</i>         | <i>69861</i> | <i>6/21</i>    |
| O.I.P.E. CLASSIFIER       | <i>(initials)</i> | <i>71698</i> | <i>6/26/00</i> |
| FORMALITY REVIEW          |                   |              | <i>8/26</i>    |
| RESPONSE FORMALITY REVIEW |                   |              |                |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim                                 | Date |
|---------------------------------------|------|
| Final<br>Original<br>1 <i>9/24/03</i> |      |
| 2 <i>5/19/04</i>                      |      |
| 3 <i>✓</i>                            |      |
| 4 <i>✓</i>                            |      |
| 5 <i>✓</i>                            |      |
| 6 <i>✓</i>                            |      |
| 7 <i>✓</i>                            |      |
| 8 <i>✓</i>                            |      |
| 9 <i>✓</i>                            |      |
| 10 <i>✓</i>                           |      |
| 11 <i>✓</i>                           |      |
| 12 <i>✓</i>                           |      |
| 13 <i>✓</i>                           |      |
| 14 <i>✓</i>                           |      |
| 15 <i>✓</i>                           |      |
| 16 <i>✓</i>                           |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy